

MTF Formulary Management for Angiotensin Receptor Blockers (ARBs)

Department of Defense Pharmacoeconomic Center

Uniform Formulary Decision: The Director of TMA has approved the recommendations from the February 2005 DoD P&T Committee meeting regarding formulary status of ARBs on the Uniform Formulary (UF) and Basic Core Formulary (BCF). The BCF selections become effective 18 April 05, and the non-formulary designations 17 July 05.

Uniform Formulary (UF) Agents		Non-Formulary Agents
ARBs on BCF MTFs <u>must</u> have on formulary	ARBs not on BCF MTFs <u>may</u> have on formulary	MTFs <u>must not</u> have on formulary
Telmisartan (Micardis) Telmisartan/HCTZ (Micardis HCT)	Candesartan (Atacand); + HCTZ (Atacand HCT) Irbesartan (Avapro); + HCTZ (Avalide) Losartan (Cozaar); + HCTZ (Hyzaar) Olmesartan (Benicar); + HCTZ (Benicar HCT) Valsartan (Diovan); + HCTZ (Diovan HCT)	Eprosartan (Teveten) Eprosartan/HCTZ (Teveten HCT)

- The BCF ACE inhibitors are **more** cost effective (average weighted cost \$0.12/day) for treating all disease states (hypertension, chronic heart failure, diabetic renal disease) than ARBs. ARBs should be considered **second line treatment** and reserved for patients intolerant of ACE inhibitors.
- About 5-10% of patients d/c an ACE inhibitor due to cough, and <1% due to angioedema. Efficacy trials in hypertension have demonstrated that one ARB works just as well as another when compared at equivalent doses. All ARBs have similar safety and tolerability profiles. Telmisartan is the most cost-effective ARB for HTN at \$0.38/day – about 30% less than the next costly ARB. **MTFs should maximize the use of telmisartan in hypertensive patients who require an ARB because they are intolerant of ACE inhibitors.**
- For patients with heart failure who are intolerant of ACE inhibitors, consider candesartan (\$0.54/day) or valsartan (\$0.56/day), based on clinical evidence.
- For patients with type 2 diabetic nephropathy, consider irbesartan (\$0.55/day) or losartan (\$0.53/day) based on clinical evidence.
- Eprosartan and eprosartan HCTZ are the least cost-effective ARBs and should be reserved for patients who cannot be treated with any other ARB. MTFs must use the medical necessity criteria for eprosartan and eprosartan HCTZ established by the DoD P&T Committee. The criteria for eprosartan and eprosartan HCTZ are available on the TRICARE Pharmacy website: <http://www.tricare.osd.mil/pharmacy/medical-nonformulary.cfm>. A Microsoft Word version of the TMOP/TRRx Medical Necessity form adaptable for MTF use is available on RxNET.

Angiotensin Receptor Blockers (ARBs) Dose/Price Comparison at MTF	
Drug & Dosage Form	Weighted Ave cost per day (June 2005) ^{a/b}
Basic Core Formulary ARB	
Telmisartan	\$0.38/day
Other UF ARBs available for inclusion on MTF formularies	
Candesartan; + HCTZ	\$0.54/day
Irbesartan; + HCTZ	\$0.55/day
Losartan; + HCTZ	\$0.53/day
Olmesartan; + HCTZ	\$0.71/day
Valsartan; + HCTZ	\$0.56/day
Non-formulary ARB	
Eprosartan; + HCTZ	\$0.88/day

^a Post-decision prices; actual price may vary slightly due to MTF-specific Prime Vendor discounts and/or fees

^b MTFs are prohibited from entering into any incentive pricing agreements in any form with ARB pharmaceutical manufacturers to receive additional discounts.

References

- For the full clinical review of the ARBs and for discussion about UF decisions, log onto RxNET (the PEC's webforum) www.dodrxnet.org (under "File Library" forum, "DoD P&T Library" folder).
- Current/future drug classes under review by the DoD P&T Committee: www.pec.ha.osd.mil/PT_Committee.htm
- TRICARE website for information on the Uniform Formulary: www.tricare.osd.mil/pharmacy
- TRICARE Formulary Search Tool: www.tricareformularysearch.org

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